

Recipient Committee
Campaign Statement

(Government Code Sections 81000-81007)

Type or print in ink

COVER PAGE

REVIEWED BY

City Clerk/Dep. City Clerk
Date

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 1/1/01
through 6/30/01

Date of election if applicable:
(Month, Day, Year)

N/A

Date Stamp

CALIFORNIA
FORM 460

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For Official Use Only

RECEIVED
01 JUL 31 AM 9
21
SUSAN J. BLACKSTON
CITY CLERK
CITY OF LOUI

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

☒ Officeholder, Candidate
Controlled Committee

(Also Complete Part 4.)

☐ Ballot Measure Committee

☐ Primarily Formed

☐ Controlled

☐ Sponsored

(Also Complete Part 5.)

☐ Primarily Formed Candidate/
Officeholder Committee

(Also Complete Part 6.)

☐ General Purpose Committee

☐ Sponsored

☐ Broad Based

2. Type of Statement:

☐ Pre-election Statement

☒ Semi-annual Statement

☐ Termination Statement

☐ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Pre-election
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

902421

COMMITTEE NAME

Committee To Elect Phil Pennino

STREET ADDRESS (NO P.O. BOX)

1502 Keagle Way

CITY STATE ZIP CODE AREA CODE/PHONE

LOUI CA 95242 (209) 368-2181

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MAT McGladdery

MAILING ADDRESS

751 Dorchester Street

CITY STATE ZIP CODE AREA CODE/PHONE

LOUI CA 95240 (209) 334-3497

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in Ink.

COVER PAGE - PART 2

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Phillip Pennino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Lodi City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1502 Keagle Wy Lodi CA 95242

Related Committees Not Included In this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-31-01
DATE

Executed on 7/31/01
DATE

Executed on _____
DATE

Executed on _____
DATE

By Matthew M. Blackley
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Phillip Pennino
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Phillip Pennino

Statement covers period
from 4/1/01
through 6/30/01

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I.D. NUMBER

902421

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ 0	\$ 0	\$ 0
2. Loans Received Schedule B, Line 7	\$ 0	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0	\$ 0	\$ 0
4. Nonmonetary Contributions Schedule C, Line 3	\$ 0	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0	\$ 0	\$ 0

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 0	\$ 0	\$ 0
7. Loans Made Schedule H, Line 7	\$ 0	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 0	\$ 0	\$ 0
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ 0	\$ 0	\$ 0
10. Nonmonetary Adjustment Schedule C, Line 3	\$ 0	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 0	\$ 0	\$ 0

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0
13. Cash Receipts Column A, Line 3 above	\$ 0
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ 0
15. Cash Payments Column A, Line 8 above	\$ 0
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0

If this is a termination statement, Line 16 must be zero.

* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ 0	
20. Contributions Received	\$	
21. Expenditures Made	\$	
18. Cash Equivalents See instructions on reverse	\$ 0	
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 0	